

## Message Text

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PAGE 01 PONTA 00250 141849Z  
ACTION AID-31

INFO OCT-01 EUR-12 ISO-00 OES-07 SSO-00 /051 W  
-----017514 141856Z /46

O 141120Z APR 78  
FM AMCONSUL PONTA DELGADA  
TO SECSTATE WASHDC IMMEDIATE 1978  
INFO AMEMBASSY LISBON IMMEDIATE

UNCLAS PONTA DELGADA 0250

E.O. 11652: N/A  
TAGS: EAID, PO  
SUBJ: TECHNICAL CONSULTANTS AND TRAINING 150-0001,  
AZORES HEALTH PLANNERS.

REF: (A) STATE 90564: (B) LISBON 2440 (C) PONTA DELGADA 210  
(D) LISBON 2271(E) LISBON 2270 (F) STATE 71755

USAID AZORES LIAISON OFFICE IS FORWARDING THE FOLLOWING  
TRANSCRIPTION (RAPID UNOFFICIAL TRANSLATION BY LIAISON  
OFFICER TAVARES) OF REGIONAL SECRETARIAT FOR SOCIAL AFFAIRS  
(SRAS) AND DREPA TELEX NO.27/78 DATED APRIL 12, SUBMITTING  
COMMENTS ON COLEMAN/ROSENBLATT TEAM DRAFT REPORT AS PER  
REF C PARA 4B:

QUOTE AID HEALTH TEAM REPORT

1. PRELIMINARY ANALYSIS OF THE AID HEALTH TEAM DRAFT  
REPORT OF LAST FEBRUARY, INDICATES A LARGE AMOUNT OF  
ISSUES WHICH ARE AGREED UPON BY THE REGIONAL SECRETARIAT  
FOR SOCIAL AFFAIRS (SRAS) AND THE REGIONAL DEPARTMENT OF  
STUDIES AND PLANNING OF THE AZORES (DREPA), SPECIFICALLY  
REGARDING THE SEVEN ISSUES WHICH DESIGN THE PHILOSOPHY  
OF THE SYSTEM:

- HEALTH CARE MUST BE DIAGNOSED AND PROGRAMMED WITHIN AN  
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INTERSECTORIAL SCOPE

- HEALTH CARE SERVICES MUST COMPRISE THE OUTER PERIPHERAL  
SERVICES (PERIFERICOS)

- HEALTH CARE SERVICES MUST GIVE PRIORITY TO PREVENTIVE  
RATHER THAN CURATIVE CARE

- THE HEALTH SYSTEM MUST RESPOND TO COMMUNITY CULTURAL LEVELS, AND BE BASED ON EXISTING ORGANIZATIONAL STRUCTURE
- THE HEALTH SYSTEM MUST BE HORIZONTALLY INTEGRATED AND, SIMULTANEOUSLY, ALLOW MOBILITY AND VERTICAL INTERACTION
- THE HEALTH SYSTEM MUST BE BASED ON PROPER DISTRIBUTION OF SERVICES ACCORDING TO POPULATION AND AVAILABILITY OF RESOURCES
- THE HEALTH SYSTEM MUST BE VERSATILE AND DYNAMIC

2. AS A CONSEQUENTIAL AND PRELIMINARY APPROACH, SOME OF THE PROPOSED ACTIONS AND PROCESSES ARE ALREADY BEING IMPLEMENTED, AND PROGRAMS UNDERWAY, WHICH FIT INTO THE CONTEXT OF THE REPORT, ARE BEING SPED UP. THAT IS, TO EXTEND THE HEALTH COVERAGE TO MORE REMOTE AND NEEDED AREAS AND TO MORE RISK-PRONE POPULATION GROUPS: FIRST AND SECOND INFANT AND ELDERLY AGE GROUPS WITHIN A PREDOMINANTLY PREVENTIVE SCOPE.

3. ON THE OTHER SIDE, AS THE TEAM MEMBERS MADE REFERENCE TO, THIS REPORT IS JUST IN DRAFT FORM, AND AS SUCH, OF DIFFICULT AND QUESTIONABLE READABILITY, WITH ISSUES WHICH SHOULD BE OVERCOME BY THE WORK SCHEMATICS TO BE CONTAINED IN FINAL REPORT.

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ALSO, WE DO NOT YET HAVE AVAILABLE THE ADDITIONAL STATISTICAL DATA REQUESTED FROM THE VARIOUS HEALTH SERVICES, WHICH WILL MAKE POSSIBLE A MORE CRITICAL AND COMPLETE ANALYSIS OF THE ACTUAL SITUATION IN THE REGION AND A PROSPECTIVE APPROACH TO THE INDICATORS DIAGNOSED.

HOWEVER, IN A PRELIMINARY PHASE, WE CAN IMMEDIATELY POINT OUT THE FOLLOWING QUESTIONS REQUIRING MORE IN-DEPTH STUDY AND THE CONSEQUENTIAL REQUIREMENTS FOR SOLUTIONS, OR, OF RECOMMENDATIONS FOR THE CORRECT APPROACH TO THE SOLUTIONS:

- A) THE HIGH INCIDENCE OF MENTAL ILLNESSES IN THE REGION, EVOLUTION PERSPECTIVES AND RESPECTIVE SOLUTIONS AT LOCAL AND REGIONAL LEVELS, SURVEY METHODS AND STUDIES TO BE PURSUED.
- B) WAYS OF SOLVING THE PROBLEM OF THE ELDERLY AGE GROUP WHICH, IN A SHORT-TERM, WILL IMPLY EMERGENCY SOLUTIONS, IN CASE ADEQUATE ATTENTION IS NOT PROVIDED IMMEDIATELY.
- C) ADOPTION OF A FORMULARY FOR REGIONAL USE TO BE FOLLOWED

BY THE DIFFERENT HEALTH CARE SERVICES, VIEWING THE  
EFFICIENCY OF THE PRODUCT PRESCRIBED AND SYSTEM COST  
REDUCTION.

D) AS IN THIS MOMENT, NEEDS FOR PROBLEM SOLVING IN  
CURATIVE MEDICIN EXIST, AS WELL AS IN THE PROPER UTILIZATION OF  
PHARMACEUTICAL PRODUCTS AND THEIR DISTRIBUTION AT VILLAGE  
LEVEL (NEED TO ATTEND TO THE UNDERPRIVILEGED CLASSES).

E) FORMS OF INTERFACE WITH THE CENTRAL GOVERNMENT, WITH  
EXPEDIOUS FUNCTIONAL CONTACTS OVERSEEN BY THE REGIONAL  
SECRETARIAT (FOR SOCIAL AFFAIRS).

F) POSSIBILITY OF INSTITUTIONALIZING A DATA PROCESSING  
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SYSTEM IN THE REGION IN SUPPORT OF PLANNING AND MANAGEMENT  
OF HEALTH CARE SERVICES.

G) REGARDING THE ORGANIZATION OF THE REGIONAL SECRETARIAT  
FOR SOCIAL AFFAIRS IN RESPECT TO THE REGIONAL DIRECTORATE  
FOR HEALTH, WE CONFIRM OUR AGREEMENT WITH THE RECOMMENDATIONS  
SUGGESTED - DESIGNATION OF AN ENTITY RESPONSIBLE FOR EACH  
ELEMENT OF THE SYSTEM, ALLOCATION OF THESE ENTITIES ADJUNCT  
TO THE DIRECTOR FOR REGIONAL HEALTH AND INTRODUCTION OF  
A BUDGET AND ADMINISTRATION COUNCIL. HOWEVER, THE  
ORGANIZATION CHART PRESENTED BY TEAM IS ALREADY OBSOLETE,  
GIVEN THE ALREADY IN PROGRESS OR PROGRAMMED INTEGRATION  
OF SOME SERVICES.

4. WE THINK THAT THE APPROACH TO THESE QUESTIONS AND OTHERS  
THAT EVENTUALLY MAY APPEAR, WILL REQUIRE A BETTER  
UNDERSTANDING OF THE SITUATION IN SUBJECTS THAT WILL JUSTIFY  
THE RETURN OF THE AID HEALTH TEAM TO THE AZORES FOR  
PRESENTATION OF THE FINAL REPORT.

5. FINALLY, WE WOULD LIKE TO COMMEND THE INTEREST AND EFFORT  
DEMONSTRATED BY THE TEAM MEMBERS THROUGHOUT THEIR ACTIVITY  
IN THE REGION IN SUCH A SHORT TIME SPAN, AND THE HIGH  
QUALITY OF WORK PRODUCED, WHICH REFLECTS PERCEPTIVENESS IN  
THEIR LOCAL FINDINGS AND AN INTELLIGENT SEARCH FOR ADEQUATE  
SOLUTIONS.

ANGRA DO HEROISMO, APRIL 12, 1978

BEST REGARDS

JOSE MONJARDINO

(DREPA) ASSISTANT DIRECTOR. UNQUOTE

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ORIGINAL PORTUGUESE VERSION WAS AIRPOUCHED TO USAID/LISBON  
TOGETHER WITH DREPA OFFICIAL COVER LETTER REFERENCE NO. 416.  
KLINE

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## Message Attributes

**Automatic Decaptioning:** X  
**Capture Date:** 01 jan 1994  
**Channel Indicators:** n/a  
**Current Classification:** UNCLASSIFIED  
**Concepts:** HEALTH, PERSONNEL TRAINING, CONSULTANTS  
**Control Number:** n/a  
**Copy:** SINGLE  
**Draft Date:** 14 apr 1978  
**Decaption Date:** 01 jan 1960  
**Decaption Note:**  
**Disposition Action:** n/a  
**Disposition Approved on Date:**  
**Disposition Case Number:** n/a  
**Disposition Comment:**  
**Disposition Date:** 01 jan 1960  
**Disposition Event:**  
**Disposition History:** n/a  
**Disposition Reason:**  
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**Document Source:** CORE  
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**Drafter:** n/a  
**Enclosure:** n/a  
**Executive Order:** N/A  
**Errors:** N/A  
**Expiration:**  
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**Review Event:**  
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**Review Media Identifier:**  
**Review Release Date:** N/A  
**Review Release Event:** n/a  
**Review Transfer Date:**  
**Review Withdrawn Fields:** n/a  
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**Review Markings:**  
Sheryl P. Walter  
Declassified/Released  
US Department of State  
EO Systematic Review  
20 Mar 2014  
**Markings:** Sheryl P. Walter Declassified/Released US Department of State EO Systematic Review 20 Mar 2014